CITY OF BRYAN

Industrial Waste Survey and Permit Application

Attention: Please read all attached instructions prior to completing this Application.

SECTION A – General Information

1. Facility Name: _____

   a. SIC Code (s): _____

   b. Operator Name: _____

   c. Is the operator identified in l. a. the owner of the facility? Yes ☐ No ☐

   If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the Facility.

   Name & Title: _____

   Address: _____

2. Facility Address:
   Street: _____

   City: _____ State: _____ Zip: _____

3. Business Mailing Address:
   Street or P. O. Box: _____

   City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:
   [Attach similar information for each secondary authorized representative]

   Name: _____

   Title: _____

   Address: _____

   City: _____ State: _____ Zip: _____

   Phone #: _____

5. Designated facility contact:

   Name: _____

   Title: _____

   Phone #: _____

SECTION B – Business Activity

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity **(check all that apply)**.

Industrial Categories*

- ☐ Adhesives
- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Auto & Other Laundries
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Coal Mining
- ☐ Coil Coating
- ☐ Copper Forming
- ☐ Electric & Electronic Components
- ☐ Electroplating
- ☐ Explosives Manufacturing
- ☐ Feedlots
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Gum & Wood Chemicals
- ☐ Inorganic Chemicals
- ☐ Iron & Steel
- ☐ Leather Tanning & Finishing
- ☐ Mechanical Products
- ☐ Metal Finishing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Ore Mining
- ☐ Organic Chemicals Manufacturing
- ☐ Paint & Ink Formulating
- ☐ Paving and Roofing Manufacturing
- ☐ Pesticides Manufacturing
- ☐ Petroleum Refining
- ☐ Pharmaceutical
- ☐ Photographic Supplies
- ☐ Plastic and Synthetic Materials
- ☐ Plastics Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Printing & Publishing
- ☐ Pulp, Paper, and Fiberboard
- ☐ Rubber
- ☐ Soap and Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products

Other Business Activities

- ☐ Beverage Bottler
- ☐ Dairy Products
- ☐ Food/Edible Products Processor
- ☐ Slaughter/Meat Packing/Rendering

Note: *A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".*

2. Give a brief description of all operations at this facility including primary products or services. ***[Attach additional sheets if necessary]:***

_____

_____

SECTION B – Business Activity (continued)

3. Indicate applicable North America Industrial Classification Standard (NAICS) for all processes **(If more than one applies, list in descending order of importance.)**:

   a. _____ d. _____

   b. _____ e. _____

   c. _____ f. _____

4. PRODUCT VOLUME:

PRODUCT (Brand name)	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
Levels with others and no u.l	Average	Maximum	Average	Maximum

SECTION C – Water Supply

1. Water Sources: **(Check as many as are applicable)**

   ☐ Private Well ☐ Surface Water

   ☐ Municipal Water Utility **(Specify City)**: _____

   ☐ Other **(Specify)**: _____

2. Name on the Water Bill: _____

   Address: _____

   City: _____ State: _____ Zip: _____

3. Water service account number: _____

SECTION C – Water Supply (continued)

4. List average water usage on premises: **(New facilities may estimate)**

TYPE	AVERAGE Water Usage (GPD)	INDICATE Estimated (E) or Measured (M)
Contact Cooling Water		
Non-contact Cooling Water		
Boiler Feed		
Process		
Sanitary		
Air Pollution Control (air scrubber)		
Contained in product		
Plant & Equipment Wash Down		
Irrigation & Lawn Watering		
Other		
TOTAL		

SECTION D – Sewer Information

1. a. <u>For an existing business:</u>

Is the building presently connected to the public sanitary sewer system?

☐ Yes: Sanitary sewer account number _____

☐ No: Have you applied for a sanitary sewer hookup? ☐ YES ☐ NO

b. <u>For a new business:</u>

(i). Will you be occupying an existing vacant building (such as in an industrial park)? ☐ YES ☐ NO

(ii). Have you applied for a building permit if a new facility will be constructed? ☐ YES ☐ NO

(iii). Will you be connected to the City sanitary sewer? ☐ YES ☐ NO

2. List size, descriptive location, and flow of each facility sewer, which connects to the City's sewer system. ***[If more than three, attach additional information on another sheet.]***

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E – Wastewater Discharge Information

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

   ☐ YES if the answer to this question is "YES", complete the remainder of the application.

   ☐ NO If the answer to this question is "NO", skip to Section I.

2. Provide the following information on wastewater flow rate.
   (New facilities may estimate)

   a. Hours/Day Discharged (e.g., 8 hours/day):

      M ____ T ____ W ____ T ____ F ____ SAT ____ SUN ____

   b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

      M ____ T ____ W ____ T ____ F ____ SAT ____ SUN ____

   c. Peak hourly flow rate (GPH): _____

   d. Maximum daily flow rate (GPD): _____

   e. Annual daily average (GPD): _____

3. If batch discharge occurs or will occur, indicate: **(New facilities may estimate)**

   a. Number of batch discharges per day: _____

   b. Average discharge per batch (GPD): _____

   c. Time of batch discharges (days/week): _____ at (hours of day): _____

   d. Flow rate (gallons per minute): _____

   e. Percent of total discharge: _____

4. Date facility commenced discharging wastewater to POTW:

   _____ Day _____ Month _____ Year

5. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the <u>flow of materials, products, water, and wastewater</u> from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream **(new facilities may estimate)**. If estimates are used for flow data this <u>must</u> be indicated. <u>Number each unit process</u> having wastewater discharges to the community sewer. Use these numbers when showing these unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer. ***[Show the Schematic Flow Diagram on separate sheet(s) and attach to application]***

SECTION E – Wastewater Discharge Information (continued)

5. Provide plans and specifications on pretreatment devices/units and control manhole. This drawing must be certified by a State Registered Professional Engineer. ***[Provide plans and specifications on separate sheet and attach to application]***

Attention: *Facilities that checked activities in question 1 of Section B, Industrial Categories, are considered Categorical Industrial Users and should skip to question 7.*

6. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number form the process schematic that corresponds to each process. **(New facilities should provide estimates for each discharge)**

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

ANSWER QUESTIONS 7, 8, and 9 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

7. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number for the process schematic that corresponds to each process. **(New facilities should provide estimates for each discharge)**

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

SECTION E – Wastewater Discharge Information (continued)

8. **Attention:** *For Categorical Users subject to Total Organic (TT0) Requirements.*

   a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? ☐ YES ☐ NO

   b. Has a baseline monitoring report (BMR) been submitted which contains TTO information? ☐ YES ☐ NO

   c. Has a toxic organics management plan (TOMP) been developed?
   ☐ YES (Please attach copy) ☐ NO

9. Existing Users – 180-Day Baseline Monitoring Report or
   New Sources - 90-Day Report Submitted? ☐ YES ☐ NO

   Date Submitted: _____

10. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering	☐ YES	☐ NO	☐ N/A
Sampling Equipment	☐ YES	☐ NO	☐ N/A
Planned: Flow Metering	☐ YES	☐ NO	☐ N/A
Sampling Equipment	☐ YES	☐ NO	☐ N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

_____

_____

11. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

    ☐ YES ☐ NO, (skip question 11)

12. Briefly describe these changes and their effects on the wastewater volume and characteristics: ***[Attach additional sheets if needed]***

_____

_____

13. Are any materials or water reclamation systems in use or planned?

    ☐ YES ☐ NO, (skip question 14)

14. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: ***[Attach additional sheets if needed]***

_____

_____

_____

SECTION F – Characteristics of Discharge

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS**. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure the methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New Dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a "P" (expected to be present), "S" (may be present), or "O" (will not be present) under the average reported values.

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2,-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
17 Bis (chloro methyl) ether								
2-Chloroethyl vinyl ether								
2-Chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene								

SECTION F – Characteristics of Discharge (continued)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1,2-Trans-dichloroethylene								
2,4-Dichloropheno								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis (2-chlorisopropyl) ether								
Bis (2-chlorethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								

SECTION F – Characteristics of Discharge (continued)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Benzo (a) anthracene								
Benzo (a) pyrene								
3,4-benzofluoranthene								
Benzo (k) Fluoranthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo (ghi) perylene								
Fluorene								
Phenanthrene								
Dibenzo (a,h) anthrancene								
Indeno (1,2,3-cd) pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma- BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								

SECTION F – Characteristics of Discharge (continued)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD - 5 day								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil & Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophoshate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO4)								
Sulfide (S)								
Sulfite (SO3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G – Treatment

1. Is any form of wastewater treatment (see listed below) practiced at this facility?

   ☐ YES ☐ NO

2. Is any form of wastewater treatment (or changes to a existing wastewater treatment) planned for this facility within the next three years?

   ☐ YES ☐ NO

3. Treatment devices or processes used or proposed for treating wastewater or sludge. **(check as many as appropriate)**

☐ Air flotation
☐ Centrifuge
☐ Chemical precipitation
☐ Chlorination
☐ Cyclone
☐ Filtration
☐ Flow equalization
☐ Grease or oil separation, type:
☐ Grease trap
☐ Grinding filter
☐ Grit Removal
☐ Ion exchange
☐ Neutralization, pH correction
☐ Ozonation
☐ Reverse Osmosis
☐ Screen
☐ Sedimentation
☐ Septic tank
☐ Solvent separation
☐ Spill protection
☐ Sump
☐ Biological treatment, type:
☐ Rainwater diversion or storage
☐ Other chemical treatment, type:
☐ Other physical treatment, type:
☐ Other, type:

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operation procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-products disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates. _____
   _____

7. Do you have a treatment operator? ☐ YES ☐ NO (If YES,)

   Name: _____ Title: _____

   ☐ Full time ☐ Part time Specify hours: _____

8. Do you have a manual on the correct operation of your treatment equipment?
   ☐ YES ☐ NO

9. Do you have a written maintenance schedule for your treatment equipment?
   ☐ YES ☐ NO

SECTION H – Facility Operational Characteristics

1. Shift Information

Work Days (**check**)		☐ Mon.		☐ Tues.		☐ Wed.		☐ Thur.		☐ Fri.		☐ Sat.		☐ Sun.	
Shifts per Day															
Employees Per Shift	1st														
	2nd														
	3rd														
		Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
Shift Start & End Times	1st														
	2nd														
	3rd														

2. Indicate whether the business activity is:

☐ Continuous through the year, or
☐ Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

3. Indicate whether the facility discharge is:

☐ Continuous through the year, or
☐ Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

4. Does operation shut down for vacation, maintenance, or other reasons? ☐ YES ☐ NO

If Yes, indicate reasons and period when shutdown occurs: _____
_____

5. List types and amounts (mass or volume per day) of raw materials used or planned for use ***[Attach additional sheet if needed]*** :

TYPES	Amounts	TYPES	Amounts
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

SECTION H – Facility Operational Characteristics (continued)

6. List types and quantity of chemicals used or planned for use ***[Attach additional sheet if needed]***. Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

CHEMICAL	Quantity	CHEMICAL	Quantity
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

SECTION I – Spill Prevention

1. Do you have chemical storage containers, bins, or ponds at your facility? ☐ YES ☐ NO

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)? ☐ YES ☐ NO
   If yes; Where do they discharge to? _____

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: **(check all that apply)**.

☐ onsite disposal system
☐ storm drain
☐ to ground
☐ public sanitary sewer system (e.g. through a floor drain)
☐ other, specify: _____
☐ not applicable, *no possible discharge to any of the above routes*

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?

☐ YES – **[Please enclose a copy with the application]**
☐ NO
☐ N/A, *Not applicable since no floor drains and/or the facility discharge(s) only domestic wastes.*

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

_____

_____

_____

SECTION J – Non–Discharged Wastes

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

☐ YES, *please describe below* ☐ NO, *skip the remainder of Section J.*

Waste Generated	Quantity/Year	Disposal Method
1.		
2.		
3.		
4.		
5.		

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

Waste Generated	Disposal Off Site or On Site
1.	
2.	
3.	
4.	
5.	

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

Waste Generated	Facility
1.	
2.	
3.	

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

Name & Address	Permit #
1.	
2.	
3.	

5. Have you been issued any Federal, State, or local environmental permits?

☐ YES ☐ NO

If yes, please list the permit(s):

_____

_____

_____

_____

SECTION K – Authorization Signatures & Agreements

COMPLIANCE CERTIFICATION:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

   ☐ YES ☐ NO ☐ Not yet discharging

2. If No:

   a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

   b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different form the one submitted by the facility.

Milestone Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____

PERMIT AGREEMENT

TO THE CITY OF BRYAN, TEXAS

THE UNDERSIGNED BEING THE _____ OF
(Applicants Title)

THE PROPERTY LOCATED AT _____ DOES
(Address of the Industry)

HEREBY REQUEST A PERMIT TO _____ AN INDUSTRIAL
(Install-Use)

SEWER CONNECTION SERVING THE _____
(Name of Industry)

WHICH ENGAGED IN _____

_____

SECTION K – Authorization Signatures & Agreement (continued)

AT THE SAID LOCATION, APPLICANT AGREES TO MEET ALL REQUIREMENTS AND PROVIDE ALL MATERIAL AND INFORMATION LISTED BELOW:

1. A map of the property showing accurately all sewers and drains.

2. A complete schedule of all process waters and raw industrial waste produced or expected to be produced before pretreatment (if any) at said property, including a description of the character of each waste to be discharged to the public sewer.

3. Plans and specifications covering all pretreatment facilities for waste treatment proposed to be performed on the waste under this Permit with a full description (laboratory analysis) maximum rate of discharges to the public.

4. Plans and specifications of the grease, oil, and sand/grit interceptors and control manhole.

5. Copies of all lab reports along with each quarterly Self-Monitoring Report.

6. To operate and maintain any waste pretreatment facilities as may be required as a condition of the acceptance into the public sewer on the industrial waste involved, in an efficient manner at all times, and at no expense to the city.

7. To cooperate with the Controlling Authority and his representatives in they're inspecting, sampling, and study of the industrial waste and any facilities providing pretreatment.

8. To notify the Controlling Authority immediately in the event of any accident, negligence, or other occurrence that occasions discharge to the public sewerage system of any waste or process water not covered by this Permit, and any waste in excess of the limits set forth in this permit and applications.

9. To accept and abide by all provisions of the Industrial Waste Ordinance of the City of Bryan, Texas, and all pertinent ordinances or regulations that may be adopted in the future.

10. To accept and pay, when billed, the sewer service charge and industrial waste surcharge is over and above the published water and sewer rates as set for in the Chapter 28 of the Code of Ordinances.

11. To permit the Controlling Authority immediate entry to the premises, including operational areas, pretreatment facilities, etc., for inspection, sampling, etc., in accordance with the Industrial Waste Ordinance.

12. Provide the Controlling Authority, upon request, information and data on nature of operations, operational shifts, products produced, or services performed, chemicals used in process, and offsite disposal of waste.

13. To notify the Controlling Authority, immediately of proposed or implemented changes in the nature, quality, or character of the discharge.

SECTION K – Authorization Signatures & Agreement (continued)

14. To accept and pay, at the time of application, a discharge permit processing fee as set by the Controlling Authority.

Authorized Representative Statement:

Note to Signing Official: This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____ _____
(Print Name) (Title)

_____ _____ _____
(Signature) (Date) (Phone #)

_____ _____
(Driver License #) (Home Address)

_____ _____
(Emergency Phone #) (City) (State) (Zip)

Do not write below this line

PERMIT REQUIRED:

To the best of your knowledge and understanding of the information and data submitted, within this Survey/Application, require this establishment to be permitted to discharge its waste stream into the City of Bryan sewage collection and treatment system.

☐ YES ☐ NO

If No, please specify: _____

_____

_____

_____

_____ _____
(Controlling Authority Signature) (Date)